



International Organization for Migration (IOM)  
The UN Migration Agency

### Voluntary return declaration form

## ASSISTED VOLUNTARY RETURN AND REINTEGRATION SUPPORT TO MIGRANTS IN ICELAND

#### **NOTE FOR IOM STAFF/PARTNERS:**

*Each individual who is eligible and is being considered for IOM voluntary return and reintegration assistance must be able to understand the content of this form before signing. Please allow the individual to read the form (and ensure it is translated in a language understood by the applicant) and explain its meaning as well as its content before asking him/her to sign it.*

I, the undersigned, \_\_\_\_\_, hereby express my will to return to my home country or a third country (where I am entitled to permanent residence), which is \_\_\_\_\_, through the assistance of the International Organization for Migration (hereinafter IOM).

I confirm that I have been informed about the assistance that I will receive and the conditions of the voluntary return and reintegration process.

I understand that the assistance provided under this programme does not include the possibility to remain in any transit country. I understand that I may be interviewed and/or questioned by national authorities upon arrival. I further understand that IOM will not be in a position to interfere with rules and procedures established by airport or immigration authorities in transit or upon arrival.

I acknowledge, for myself and for any person for whom I have the right to do so as well as for relevant heirs and estate, that IOM will not be held liable for any damage caused, directly or indirectly, to me or any such person in connection with IOM assistance that derives from circumstances outside the control of IOM.

I hereby authorize IOM and any authorized person or entity acting on behalf of IOM to collect, use, disclose and dispose of my personal data and, where applicable, the personal data of my dependants, who are specified in this application form, for the following purposes:

PURPOSES	DESCRIPTION	CONSENT	
		YES	NO
(a) Assisted voluntary return and reintegration	Acquisition of travel documents (if applicable), purchasing of tickets (air/land transportation) and providing reintegration support		
(b) Additional assistance	Using data to provide additional assistance under other IOM projects		
(c) Research	Using data for research purpose		

I agree that my personal data may be disclosed to the following third parties: border guards, embassies, to achieve the purpose(s) specified above. I understand that I may access and rectify my personal data on request by contacting IOM.

I declare that I have shared with IOM or its partners all information on any medical condition that may affect my and other persons' well-being during the voluntary return and reintegration process. I also declare that, should the before described information change in the period prior to my departure, I will promptly inform IOM or its partners.

I declare that the information I have provided is true and correct to the best of my knowledge. I understand that if I make a false statement in signing this form, IOM may not be able to provide the assistance.

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Applicant's (or legal representative) signature

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Date and place

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Interpreter's signature [if applicable]

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Date and place

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Signature of the Representative of IOM or  
of the Delegate partner

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Date and place